STATE OF CALIFORNIA Electronic Recording Delivery System (ERDS) Change of ERDS Role

ERDS 0008 (Rev. 02/07)

Signature

Print Name: ___



Electronic Recording Delivery System Change of ERDS Role

DEPARTMENT OF JUSTICE

California Justice Information Services Division CJIS Operations Support Bureau

Electronic Recording Delivery System Program

DOJ USE ONLY

Cert #

Telephone: (916) 227-8907 FAX: (916) 227-0595 E-mail: erds@doj.ca.gov

SPARTING OF	TYPE OR PRINT (IN INK) ALL INFORMATION R THE FORM. SIGNATURE MUST BE ORIGINAL.		Response date Analyst
			Tracking #
EMPLOYED BY:			Rev. by Denied
CHECK ONE BOX ONLY)			Approved Defiled
COUNTY RECORDER	AUTHORIZED SUBMITTER OR AGEN	IT VENDOR OF	ERDS SOFTWARE
DELETION OF INDIVID	UAL(S) FROM A ROLE REQUII	RING FINGERPRIN	NT SUBMISSION
NAME		DRIVER LICENSE #	DATE OF BIRTH
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Does the individual operate more tha	n one ERDS? YES NO If yes, list co	ounties:	
NAME		DRIVER LICENSE #	DATE OF BIRTH
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ADDITION OF INDIVIDUATION (ATTACH PROOF OF FINGERPRINT NAME Does the individual operate more that NAME Does the individual operate more that CONTACT INFORMATION FORM SUBMITTER (NAME)	JAL(S) IN A ROLE REQUIRING (SUBMISSION) In one ERDS? YES NO If yes, list or ON COUNTY	DRIVER LICENSE # DRIVER LICENSE # DUNTIES: DRIVER LICENSE #	DATE OF BIRTH DATE OF BIRTH ZIP CODE

Application Submission

The information on this application and all documentation becomes the property of the Department of Justice and will be used by authorized personnel.

Date:

Mail to: State of California

Department of Justice

CJIS Operations Support Bureau

Electronic Recording Delivery System Program

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